

Community Connection for Child Care (CCCC) Alternative Payment Program is funded by the California Department of Social Services (CDSS) to assist low-income families with the expense of child care.

The California Alternative Payment Program (CAPP) requires submission of an application in order to determine need and eligibility. CAPP is a parental choice program. Parents may choose a licensed child care center, a licensed family child care provider, or a license-exempt provider like a family, friend, or neighbor. License-exempt providers must meet program requirements before approval is granted. Children 12 years of age and younger are eligible for child care services.



# Who is eligible for payment assistance?

To receive payment assistance for subsidized child care and development services, families must meet eligibility and need criteria and be able to show that they live and/or work in Kern County. Eligibility is determined by the family size and the family's total gross income. Need is established when parents are employed, seeking employment, attending an accredited educational/vocational school, job training, homelessness, or incapacitation. Incapacitation must be verified by a legally qualified professional.

Neglected or abused children who are recipients of Child Protective Services, or children who are at risk of being neglected or abused, upon written referral from a legal, medical, or social services agency are also eligible for child care and development services. For more information please call (661) 861-5200.

## **CCCC** Eligibility List

Once a completed application is received, families are placed on the CCCC Eligibility List and ranked according to their family size and income. Families with the lowest rank number are served first as required by the CDSS.

Families are selected from the CCCC Eligibility List as funds become available. Submitting an application does not guarantee child care services.

It is important for families on the Eligibility List to keep CCCC updated with current information. Make sure CCCC has a current phone number and mailing address where a parent/guardian can be reached or where a message can be left. To update your application please call (661) 861-5200 or (877) 861-5200.

Please mail child care application to the following address:

Community Connection for Child Care Eligibility List 2000 K Street, Suite 110 Bakersfield, CA 93301

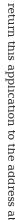


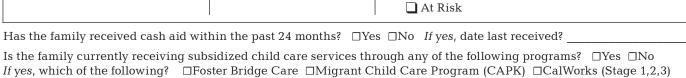
2000 K Street, Suite 110 • Bakersfield, CA 93301 • 661-861-5200 • (Toll Free) 877-861-5200 A program operated by the Kern County Superintendent of Schools Office, John G. Mendiburu, Ed.D., Superintendent

# **Child Care Application**

### PARENT INFORMATION (PLEASE PRINT)

PARENT A					
	Middle Name:	Last Name:			
		Alternate/Cell Phone: ( )			
Date of Birth:					
Email:					
Ethnicity: ☐ American Indian ☐ Asian ☐ Black or African American ☐ Caucasian ☐ Hispanic or Latino ☐ Native Hawaiian or Pacific Islander ☐ Unknown / Decline to State					
Mailing Address:					
	ty: Zip:				
Number of children under 18 living a					
Are any of the children you are seeking care for receiving foster care services? $\Box$ Yes $\Box$ No If yes, are they siblings? $\Box$ Yes $\Box$ No If no, please submit a separate application for children that are not siblings.					
Relationship to Child(ren):  Mother Father Grandparent Guardian Foster Parent	Marital Status:  Married Single Widowed Divorced Separated	Reason child care is needed:  Working / Self Employed Education / Training Actively Seeking Employment Homeless Incapacitation CPS At Risk			
PARENT B					
	Middle Name:	Last Name:			
	Alternate/Cell Phone: ( )				
	Primary Language:				
Email:					
Ethnicity: American Indian Asian Black or African American Caucasian Hispanic or Latino Native Hawaiian or Pacific Islander Unknown / Decline to State					
	ng Address: Zip:				
City: Zip: Zip: Number of children under 18 living at home:					
Relationship to Child(ren):  Mother Father Grandparent Guardian Foster Parent	Marital Status:  Married Single Widowed Divorced Separated	Reason child care is needed:  Working / Self Employed  Education / Training  Actively Seeking Employment  Homeless  Incapacitation  CPS  At Risk			
Has the family received cash aid within the past 24 months? □Yes □No If yes, date last received?					





#### PARENT A

All income sources must be included.

Work Wages (Monthly Gross)	\$
Cash Aid	\$
Child Support	\$
Spousal Support	\$
Unemployment (Monthly Gross)	\$
Disability	\$
Social Security Benefits	\$
Foster Care Income	\$
Other	\$
MONTHLY TOTAL	\$

PARENT B

MONTHLY TOTAL	\$
Other	\$
Foster Care Income	\$
Social Security Benefits	\$
Disability	\$
Unemployment (Monthly Gross)	\$
Spousal Support	\$
Child Support	\$
Cash Aid	\$
Work Wages (Monthly Gross)	\$
All income sources must be include	ed.

CHILD 1		CHILD 2	
First Name:		First Name:	
Last Name:		Last Name:	
Date of Birth:	Gender: M DF	Date of Birth:	Gender: 🔲 M 🔲 F
Ethnicity: American Indian Asi Caucasian Hispanic or Latino I Unknown / Decline to State		Ethnicity: American Indian Asi Caucasian Hispanic or Latino Unknown / Decline to State	
School Name:	Grade:	School Name:	Grade:
Does the child have any exceptional ne	eds or disabilities? 🔲 Yes 🔲 No	Does the child have any exceptional ne	eds or disabilities? 🔲 Yes 🔲 No
Schedule: (Check one)  — Full time (more than 6 hours/day)  — Part time (less than 6 hours/day)	Shift: (Check all that apply)  Daytime Evening Weekend	Schedule: (Check one)  ☐ Full time (more than 6 hours/day) ☐ Part time (less than 6 hours/day)	Shift: (Check all that apply)  ☐ Daytime ☐ Evening ☐ Weekend
CHILD 3		CHILD 4	
First Name:		First Name:	
Last Name:		Last Name:	
Date of Birth:	Gender: M DF	Date of Birth:	Gender: M D F
Ethnicity: □ American Indian □ Asi □ Caucasian □ Hispanic or Latino □ 1 □ Unknown / Decline to State		Ethnicity: □ American Indian □ Asi □ Caucasian □ Hispanic or Latino □ I □ Unknown / Decline to State	
School Name:	Grade:	School Name:	Grade:
Does the child have any exceptional nee	eds or disabilities? 🔲 Yes 🔲 No	Does the child have any exceptional ne	eds or disabilities? 🔲 Yes 🔲 No
Schedule: (Check one)  ☐ Full time (more than 6 hours/day) ☐ Part time (less than 6 hours/day)	Shift: (Check all that apply)  Daytime Evening Weekend	Schedule: (Check one)  Full time (more than 6 hours/day)  Part time (less than 6 hours/day)	Shift: (Check all that apply)  ☐ Daytime ☐ Evening ☐ Weekend

**PLEASE READ AND SIGN** I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained within this application is true, correct and complete.

I also understand that all personal information will be maintained with strict confidentiality.